



Neal T. Gooch
Insurance Commissioner
Utah Insurance Department

Gary R Herbert
Governor

Information Request Release Agreement

Please mark the box(es) that best describe the copies or lists you are requesting.

- ☐ Copy of annual/quarterly statement for: _____
(Company Name) (Report Year)
- ☐ List of:
- Licensees:** ☐ Companies ☐ Agents ☐ Agencies
- Type of License:** ☐ Life ☐ Health ☐ Property & Casualty ☐ Bail Bond
☐ Title ☐ Other _____
- Information:** ☐ Name ☐ Address ☐ Phone ☐ Expiration date
☐ Email Address ☐ Financial Information (for companies only)
☐ Other _____
- Agents/Agencies:** ☐ Resident ☐ Non-resident

If necessary please provide further list instructions, i.e. zip code, county, etc.:

I agree that:

1. The information was requested for the purpose of (please state intent)

2. The information will be used only for the purpose stated in the request and will not be used by the undersigned, its officers, employees, or agents for any other purpose, commercial or private without the written consent of the department or each identity identified on the list.
3. If additional payment is required, an invoice will be sent via fax, or email.
4. **Payment must be made before information is released.**
5. If you have any questions please contact Tammy Minson by [email](#) or 801-538-3804.

(Company name if applies)

(Individual Name)

(Mailing Address)

(City, State, Zip)

(Signature)

(Date)